MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

399

Do not use this space.

6572

1. PLACE OF DEATH

County Jackson — Registration District No. 1002 — File No.

Township Kaw — Primary Registration District No. — Registered No. 151

City Kansas City (No. 4440 Highland St. Ward)

2. FULL NAME Hobart Cummings Jr.

(a) Residence. No. 4440 Highland St., 15 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ---

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 17, 1928

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	10	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Clifford B. Cummings
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Eva M. Lincoln
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.

14. INFORMANT C. B. Cummings
(Address) 4440 Highland

15. FILED 2/13, 1929 M. M. Brown
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 12 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1929, to Feb 12, 1929, that I last saw h. alive on Feb 12, 1929, and that death occurred, on the date stated above, at 1130 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral manifestency and aortic insufficiency - (congenital)
Ac. yel 157C
1958 (duration) yrs. 10 mos. ds.
CONTRIBUTORY (SECONDARY) ac. yel atrophy - liver
(duration) yrs. 10 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) H. C. Wipe, M. D.
2/12, 1929 (Address) 410 Argyle Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Moriah — DATE OF BURIAL 2-14-29

20. UNDERTAKER R. V. LINDSEY & SONS — ADDRESS Kansas City Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH INDELIBLE INK.—THIS IS A PERMANENT RECORD